

Applicant/Provider Name		
PETS Denial info added (Processing)		PETS update (Policy)
Document#:	Transmittal Request Date	PEB Response due date:
Application Type:		
<input type="checkbox"/> Physician <input type="checkbox"/> Group <input type="checkbox"/> General Provider_____		<input type="checkbox"/> Pharmacy <input type="checkbox"/> Transportation <input type="checkbox"/> Orthotics/Prosthetics
Type of Action:		<input type="checkbox"/> Provisional
<input type="checkbox"/> New Enrollment <input type="checkbox"/> Additional Address <input type="checkbox"/> Adding Rendering		<input type="checkbox"/> CHOW <input type="checkbox"/> Change of Service Location <input type="checkbox"/> Re-enrollment <input type="checkbox"/> Other
Reason for Denial:		
<input type="checkbox"/> Failure to disclose <input type="checkbox"/> Convicted of fraud/abuse <input type="checkbox"/> Under investigation – fraud/abuse Failure to remediate deficiencies <input type="checkbox"/> Department Moratorium <input type="checkbox"/> Suspension from participation in a <input type="checkbox"/> Federal Medicare Program (includes Medi-Cal)		<input type="checkbox"/> No established place of business <input type="checkbox"/> Failure to comply with local laws/ordinances <input type="checkbox"/> Failure to meet insurance requirements <input type="checkbox"/> Previously denied application <input type="checkbox"/> Failure to pay fines/debts <input type="checkbox"/> Failure to dispense drugs <input type="checkbox"/> Other (Please explain in comments section below)
Deficiency Letter Sent?	<input type="checkbox"/> No	_____
A&I, OLS, PEB Referral?	No	<input type="checkbox"/> Yes (Copy in file)

Processing	Policy use only
Analyst Name: Cathy Beard	Analyst Name:
Reviewer Signature:	Actions Taken:
Supervisor Signature:	Date: _____
	<input type="checkbox"/> Returned to Processing Unit <input type="checkbox"/> Denial letter to typing <input type="checkbox"/> Deactivation _____ <input type="checkbox"/> Gatekeeper _____